

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015323

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 53

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 6004

2 6001

3 2

4 1

5 0

6

7 2

8 2

9 4201

10

11

12 2-0

13 1-1

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 14 1963

1. PLACE OF DEATH
a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Excelsior Springs

Length of stay in 1b

10 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Excelsior Springs Hospital

Inside Limits

Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clayc. CITY
OR
TOWN

Excelsior Springs

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

Royal Hotel

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
KatherynMiddle
M.Last
Cimer4. DATE
OF
DEATHMonth Day Year
March 30, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-27-? About 80

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Cimer

13b. MOTHER'S MAIDEN NAME

Katherine ?

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

3

17. INFORMANT

Pauline Anderson, 1506 33rd St.
Rock Island, Ill.18. CAUSE OF DEATH (Enter only one cause
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial infarction

8 wks

DUE TO (c)

Coronary arterial sclerosis

over 15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour a.m. p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1/31/63 to 3/30/63 and last saw her
him alive on 3/30/63
Death occurred at 9:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. M. D. Musgrave M.D.

22b. ADDRESS

Excelsior Springs, Mo

22c. DATE SIGNED

4/17/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

4-2-63

23c. NAME OF CEMETERY OR CREMATORY

Mayflower Cemetery

23d. LOCATION (City, town, or county)

Oxford Junction, Iowa

24. FUNERAL DIRECTOR

Prichard Funeral Home, Inc.

ADDRESS

Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.

3-30-63

26. REGISTRAR'S SIGNATURE

Baroline Hutchings

(See Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Removal Permit issued 4-1-63 B.H.

MAY 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Indell Jarman

Licensed Embalmer No. 4589

Excelsior Springs, Mo.
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.